

SAFE DEPOSIT BOX AUTHORIZATION FORM

(one form required per safe deposit box)

COUNTY CLERK OF SUPERIOR COURT

Name Of Bank Providing Safe Deposit Box

Bank Address

Bank Contact Name

Bank Contact Number

Annual Cost Of Safe Deposit Box

Justification Statement (*Please state in detail the reason a safe deposit box is needed.*):

Signature (Clerk Of Superior Court)

Date

INSTRUCTIONS:

This form and the Safe Deposit Box Inventory form should be completed, signed and dated by the Clerk of Superior court, and mailed to:

NCAOC Financial Services Division
PO Box 2448
Raleigh, NC 27602

NCAOC Financial Services Division will respond to the request within 10 days of receipt of this form. If this is an initial request, attach copy of Safe Deposit Box Inventory Form or items to be placed in the Safe Deposit Box.

To be completed by NCAOC:

Approval Status

Approval Signature

Date

Approved		Not Approved	

NCAOC Financial Services